IOWA
PRESCRIPTION MONITORING PROGRAM

DATA REPORTING MANUAL
Effective January 2009

Optimum Technology, Inc.
Contact Information
866-683-2476
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IOWA PRESCRIPTION MONITORING PROGRAM

In accordance with Iowa Code Chapter 124, the Iowa Board of Pharmacy (Board) has established an electronic prescription drug monitoring program for the purpose of compiling records of Schedule II, III, and IV Controlled Substances dispensed by Iowa pharmacies.

The new program is designed to provide information regarding the prescribing of controlled substances in order to provide a resource for Iowa health care practitioners in determining appropriate prescribing and treatment for individual patients without fear of contributing to a patientøs abuse or dependence on addictive drugs or diversion of those drugs to illicit use. The program will provide authorized prescribers and pharmacists with information needed to make informed decisions regarding a patientøs need for these dangerous substances, enhancing patient care and chronic or acute pain remedies.

REPORTING THE DATA

Pharmacies will report the required prescription dispensing information to Optimum Technology, Inc. (Optimum), a private contractor, who will collect all data and manage the technical aspects of the program. Optimum will forward verified data to the Board of Pharmacy.

Email for technical assistance: *iarxreport@otech.com*
Toll-free number for Optimum: 866-683-2476

Such reporting without individual authorization by the patient is allowed under HIPAA, 45CFR § 164.512, paragraphs (a) and (d). The Iowa Board of Pharmacy is a health oversight agency and Optimum will be acting as an agent of the Iowa Board of Pharmacy in the collection of this information.

IMPLEMENTATION SCHEDULE AND REPORTING TIMELINES

Initial Reporting:

Initial reporting period - January 1-15, 2009
Initial Reporting Deadline - January 25, 2009

***In addition to the initial reporting period, the Board is requiring all information from 2008 (12 months of back data) to be submitted to the program. This information should be submitted before the initial reporting period deadline. This information may be submitted as one file.

Subsequent reporting:

All transactions must be submitted at least twice monthly. The deadline for reporting dispensing between the 1st and 15th of each month is the 25th of that month. The deadline for reporting dispensing between the 16th and the last day of the month is the 10th of the next month. Pharmacies are encouraged to report prior to the deadline in order to have time to correct any rejected submissions. Pharmacies who so choose may report more frequently than twice a month, for example, weekly or daily.

REPORTING PROCEDURES

Only Schedule II-IV prescription dispensing information is to be reported. All resident pharmacies who are licensed by the Board and who dispense Schedule II-IV controlled substances are required to submit the information by one of the five (5) following data submission options.

1. Online Prescription Upload

www.iarxreport.com is the secure Website address for uploading data to Optimum which utilizes 128-bit encryption. Your username and temporary password access are provided in the cover letter for this manual. Pharmacies must be able to access the secure Website via an Internet connection either in the pharmacy, or at the location that is responsible for transmitting data (e.g. a main office or corporate office of the pharmacy). **Internet Explorer v6.0** or higher must be used to access the Data Collection Portal.

The submitted file must be submitted in the format on pages 8-9. This format is based on ASAP r.5/95 with additional "Payment Method" included. The file name should be your username (the pharmacy's DEA number), followed by the date of submission and followed by .DAT as the file extension. Therefore, if your DEA number is *AA1234567* and you are submitting on December 1, 2008, the file would look like this: *AA1234567120108.dat*.

Please inform your software vendor that you will need to be able to upload your data as a .DAT file.

2. CD-ROM, CD-R, CD-RW, DVD or 3 1/2" Diskette (Please be sure to include a completed transmittal form with the CD or diskette – see Attachment 1.)

Submit information in the format based on ASAP r.5/95 format with additional "Payment Method" included. A line feed and carriage return is required at the end of each record.

The filename should be your username (the pharmacy's DEA number), followed by the date of submission and followed by .DAT as the file extension.

A Program Transmittal Form (Attachment 1) must accompany external media submissions. The pharmacy should make copies of the enclosed, blank Program Transmittal Form for future use. The pharmacy may also wish to keep a copy of the completed form for its records. The external media label must contain: Pharmacy Name, DEA number, and the number of prescriptions.

These media, accompanied by the completed media form, must be mailed to:
Optimum Technology, Inc.
Attn: Data Collection
100 E. Campus View Blvd.
Suite 380
Columbus, OH 43235

3. Universal Claim Form

A pharmacy, who does not have an automated record keeping system capable of producing an electronic report in a format described above, may submit prescription information on the industry standard Universal Claim form via a link on the prescription upload Website: *www.iarxreport.com*. **Please see page 9 for required field definitions**.

To Access the UCF Manual Entry screen in the Data Collection Portal:

1. Login to *www.iarxreport.com* with your username and password.

2. Single click left mouse button on Upload Center.

3. Single click left mouse button on Manual Entry.

4. As explained in 'WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?' section, the pharmacy must have at least mandatory data available to enter manual prescriptions.

If a pharmacy location does not have Internet access, the paper Universal Claim Form (Attachment 2) may be completed and mailed to:

Optimum Technology, Inc.
Attn: Data Collection
100 E. Campus View Blvd.
Suite 380
Columbus, OH 43235

4. Secure FTP

Chain Pharmacies and Community Pharmacies with multiple facilities may submit one data transmission on behalf of all of their facilities. In fact, the program prefers that chain pharmacies and community pharmacies with multiple facilities submit one transmission with the data for all of their facilities. They may do so utilizing the secure FTP (SSL over FTP) procedure. **Chain pharmacies should seek direction from their corporate offices concerning how their data will be reported.** Corporate offices and their software vendors should send FTP account requests to Optimum at: *iarxreport@otech.com*

Please include the following information in your request:
Company name and address
Contact name (only one) and telephone number
Email address

FTP requestors will be contacted with login information.

5. Zero Reports

If a pharmacy dispenses no prescriptions in Schedules II, III, or IV during a reporting period, a õzeroö report must be submitted. This must be done via a link on the prescription upload Website: *www.iarxreport.com*

To Access the Zero Reporting screen in the Data Collection Portal:

1. Login to *www.iarxreport.com* with your username and password.

2. Single click left mouse button on Upload Center.

3. Single click left mouse button on Submit Zero Report.

4. Select the Zero reporting period from the ÷Date Fromø dropdown.

5. Single click left mouse button on Submit button.

REJECTIONS

The Data Collection Portal will validate record by record and will reject any record that does not include required data or that otherwise fails validation requirements. If the total rejected records exceed the threshold determined by the Board, the entire file will be rejected. If the threshold is not exceeded, those records which do not meet the validation requirements will be rejected. The records which do meet the validation requirements will be accepted.

The submitter will be notified, via email or fax, of the reason for validation failure. Optimum is not authorized to modify any data. Therefore the pharmacy will be required to correct and resubmit the rejected records or, if necessary, the entire file. The following section explains how to view and make corrections to the rejected prescription record through the Data Collection Portal.

Correcting File Upload Errors:

The Data Collection Portal will validate each record and reject only those records which do not meet the validation requirements. The pharmacy can view the reason for rejection for each prescription record and can make corrections to a rejected prescription record through the Data Collection Portal.

View File Upload Errors:

1. Login to *www.iarxreport.com* with your username and password.

2. Single click left mouse button on Upload Center.

3. Single click left mouse button on File Upload.

4. Single click left mouse button on the appropriate file name listed under Uploaded Files.

5. Error messages are listed under the Description column.

Example:

Prescription Corrections:

There are two options to correct the data as detailed below.

1. Correct the data in your prescription software and then regenerate and upload the data.
   Please note that this process will result in the transmission of duplicate records. However, originally submitted and accepted records will not be changed as a result of the duplicate file uploads. Only those corrected records that have been changed by the pharmacy will be added to the program as a result of this corrected submission.

2. Correct the data online via the Data Collection Portal. This type of correction is manually performed and is preferred when there are minimal errors.
   a. To correct the errors using File Upload Errors, do the following:
      i. Follow the steps described in the '**View File Upload Errors'** section.
      ii. Single click left mouse button on Edit icon located on the right.
      iii. Make the appropriate corrections to the prescription.
      iv. Single click left mouse button on Submit.
      v. If additional errors exist, single click left mouse button on Back to Exceptions.
      vi. Repeat the process for each error received.
   b. To confirm that all errors have been corrected, do the following:
      i. Single click left mouse button on File Upload.
      ii. The Errors column should now be zero. If not, take appropriate actions.

NOTE : Duplicate errors cannot be edited. A duplicate error means the prescription record has already been added to the database. Duplicate error messages are an FYI only and require no action.

ASSISTANCE AND SUPPORT

Optimum is available to provide assistance and information to individual pharmacies, chain pharmacies, software vendors, and other entities required to submit data. Technical support is available to meet the program requirements. Questions concerning interpretation of technical and compliance matters may be referred to Optimum. Pharmacies are advised to first contact their software vendor to obtain modifications and instructions on compliance and participation. Software vendors may also contact Optimum directly for assistance.

The Iowa Board of Pharmacy will act as the final interpreter of regulations. Unresolved disagreements between a pharmacy and the vendor will be resolved by the Board.
Iowa Prescription Monitoring Program Contact Information:
For questions: Call (515) 281-5944

Email terry.witkowski@iowa.gov

COMMON QUESTIONS AND ANSWERS

What if the pharmacy did not fill any Schedule II, III, or IV prescriptions during the reporting period?
Please submit a zero report via the Web Upload Page, *www.iarxreport.com*, indicating zero reports for Schedule II, III, or IV prescriptions dispensed and specify the time period that you are reporting. Please see Section 5 - Zero Reports for more information.

Are nursing home prescriptions required to be reported to the PMP?
Prescription records for patients residing in long-term care facilities are not subject to reporting requirements. However, prescriptions dispensed to assisted living facility patients are subject to reporting requirements.

Are hospital prescriptions required to be reported to the PMP?
Inpatient prescriptions dispensed are exempt. Outpatient prescriptions including employee prescriptions must be reported.

How are compounded prescriptions to be recorded?
Prescriptions compounded by the pharmacist and containing a controlled substance must be reported. The NDC number of the Schedule II, III, or IV ingredient in the compounded product must appear in the NDC field. The actual metric quantity of the Schedule II, III, or IV substance used in the compounding is reported in the quantity field. If more than one controlled substance is used in a compounded prescription, the quantities of each covered ingredient are added together and the sum is reported in the quantity field. The NDC number for the combined sum of controlled substances in the compounded prescription is reported as eleven "9"s (99999999999).

What is exempt from reporting?
- É Any controlled drug administered directly to a patient
- É Any controlled drug dispensed by a licensed health care facility provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of seventy-two (72) hours
- É Any dispensed controlled drug sample
- É Any controlled drug dispensed by a facility that is registered by the United States Drug Enforcement Administration (DEA) as a narcotic treatment program and that is subject to the record keeping provisions of 21 CFR 1304.24
- É Any controlled drug dispensed to an inpatient in a hospital or long-term care facility (exemption does not apply to a patient in an assisted living facility or group home)
- É Any controlled drug dispensed to an inpatient in a hospice facility (exemption does not apply to a home hospice patient or to a hospice patient in an assisted living facility or group home)
- É Any controlled drug dispensed by a prescribing practitioner

If you believe your pharmacy is exempt from reporting, you must contact the Board.
Call (515) 281-5944; E-mail terry.witkowski@iowa.gov; fax (515) 281-4609.

WHAT DATA IS MANDATORY, WHAT IS OPTIONAL?

BASED on ASAP R.5/95 Telecommunications Format for Controlled Substances

Field Name	Field Format	Field Length	Positions
Identifier	A/N	3	001 - 003
Bin	N	6	004 - 009
Version Number	N	2	010 - 011
Transaction Code	N	2	012 - 013
**Pharmacy Number	N	12	014 ó 025
Customer ID Number	A/N	20	026 - 045
Zip Code	A/N	3	046 - 048
**Birth Date	N	8	049 - 056
**Sex Code	N	1	057 - 057
**Date Filled	N	8	058 - 065
**Rx Number	N	7	066 - 072
**New - Refill Code	N	2	073 - 074
**Metric Quantity	N	5	075 - 079
**Days Supply	N	3	080 - 082
Compound Code	N	1	083 - 083
**NDC Number	N	11	084 - 094
**Prescriber ID Number	A/N	10	095 - 104
DEA Suffix	A/N	4	105 - 108
Date Rx Written	N	8	109 - 116
Number of Refills Authorized	N	2	117 - 118
Rx Origin Code	N	1	119 - 119
Customer Location	N	2	120 - 121
Diagnosis Code	A/N	7	122 - 128
Alternate Prescriber #	A/N	10	129 - 138
**Patient Last Name	A/N	15	139 - 153
**Patient First Name	A/N	15	154 - 168
**Patient Street Address	A/N	30	169 - 198
**Patient State	A/N	2	199 - 200
**Patient Zip Code (Extended)	A/N	9	201 - 209
Triplicate Serial Number	A/N	12	210 ó 221
**Payment Method	A/N	1	222 ó 222

NOTE: All **A/N** fields must be left justified, right blank filled, and all **N** fields are right justified, left zero filled.

**Required Fields

PLEASE NOTE ADDITIONAL REQUIRED FIELD: PAYMENT METHOD. SEE NEXT PAGE FOR DEFINITIONS.

Field Name	Definition	Values	R/O*
Identifier	Transmission Type Identifier		O
BIN	Bank Identification Number		O
Version Number			O
Transaction Code			O
Pharmacy Number	Pharmacy DEA number		R
Customer ID Number	A number to identify the patient receiving the Rx		O
Zip Code	3 digit US Postal Code identifying the state code		O
Birth Date	Customer's Birth Date	YYYYMMDD format	R
Sex Code	Sex / Gender of the patient	1=Male 2=Female	R
Date Filled	Date the prescription was filled	YYYYMMDD format	R
Rx Number	Prescription number assigned by the pharmacy		R
New-Refill Code	Code indicating whether the prescription is new or refill	00 = New 01-99 = Refill number	R
Metric Quantity	Number of metric units of drug being dispensed		R
Days Supply	Estimated number of days the prescription will last		R
Compound Code	Code indicating whether or not the prescription is a compound medication		O
NDC Number	National Drug Code of the drug dispensed (found on medication bottle) Compounded products with multiple controlled substances use 99999999999	(5-4-2) format	R
Prescriber ID Number	DEA Number of the prescriber		R
DEA Suffix	DEA Suffix		O
Date Rx Written	Date the Rx was written	YYYYMMDD format	O
Number of Refills Authorized	Number of refills authorized by Prescriber		O
Rx Origin Code	Code indicating the origin of the prescription (written, telephone, etc.)		O
Customer Location	Code indicating location of patient (home, hospice, LTCF, etc)		O
Diagnosis Code	ICD-9 or CPT code provided by Prescriber		O
Alternate Prescriber	State license number or HIN. To be included if DEA number field is for an institution rather than the prescriber		O
Patient Last Name	Patient last name up to 15 characters		R
Patient First Name	Patient first name up to 15 characters. Include middle initial and suffix if available		R
Patient Street Address	Physical address of patient ó street # or PO Box #	Physical Address	R
Patient State	Standard 2-character State abbreviation	Example: IA	R
Patient Zip Code	Full zip code (including 4-digit suffix if available).	Report as 5 or 9 digits without hyphen	R
Triplicate Serial Number	Number assigned to Triplicate Rx document by States with triplicate program.		O
Payment Method	Single character denoting type of payment	1 = Cash Payment 2 = Third Party Payment	R

Attachment 1
Iowa Program Transmittal Form
[Must accompany external media submissions (CD-ROM, diskette, etc.)]

File Name: _____ Date: _____

The file name should be the DEA number, followed by the date submitting, followed by .DAT (example: AA1234567100108.DAT)

Pharmacy Name: _____

DEA Number: _____

Number of Prescriptions in File: _____

Name of person submitting report: _____

Phone Number: _____ Fax Number: _____

External/diskette label must contain: Pharmacy Name, DEA Number and Number of Prescriptions

Attachment 2

UNIVERSAL CLAIM FORM
Iowa Prescription Monitoring Program
Please see page 9 for required field definitions

DEA # _____

Rx #	Date Dispensed	Metric Quantity	NDC Number	Prescriber DEA	Days Supply	Payment Method	Refill Code	

Patient Last Name	Patient First Name	Address		State	Zip	Date of Birth	Sex Code

Rx #	Date Dispensed	Metric Quantity	NDC Number	Prescriber DEA	Days Supply	Payment Method	Refill Code	

Patient Last Name	Patient First Name	Address		State	Zip	Date of Birth	Sex Code

Rx #	Date Dispensed	Metric Quantity	NDC Number	Prescriber DEA	Days Supply	Payment Method	Refill Code	

Patient Last Name	Patient First Name	Address		State	Zip	Date of Birth	Sex Code

Rx #	Date Dispensed	Metric Quantity	NDC Number	Prescriber DEA	Days Supply	Payment Method	Refill Code	

Patient Last Name	Patient First Name	Address		State	Zip	Date of Birth	Sex Code

Rx #	Date Dispensed	Metric Quantity	NDC Number	Prescriber DEA	Days Supply	Payment Method	Refill Code	

Patient Last Name	Patient First Name	Address		State	Zip	Date of Birth	Sex Code